

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440



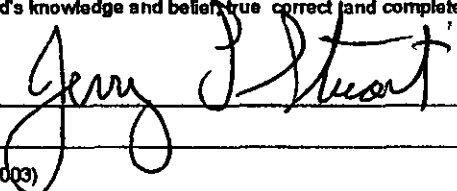
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13265	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name JERRY L STUART P O Box Bldg Room No If any Street 12317 BLACKWELL ROAD City CENTRAL POINT State OREGON ZIP Code + 4 97502	4 Name file number and address of labor organization Name TEAMSTER UNION LOCAL NO 962 Labor Organization File Number 036-804 P O Box Building and Room Number if any Street 4480 ROGUE VALLEY HIGHWAY #10 City CENTRAL POINT State OREGON ZIP Code + 4 97502
5 Position in labor organization TRUSTEE	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name NONE Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount. NONE

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u></u>	On <u>8-16-05</u> (541) 664-4261 Date Telephone Number

Name of Person Filing	JERRY L STUART	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>X b Trust</p> <p>c Employer</p>										
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name WILLIAM C EARHART COMPANY</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 4148</p> <p>Street 3140 N E BROADWAY</p> <p>City PORTLAND</p> <p>State OREGON ZIP Code + 4 97208</p>	<p>11 a Nature of such dealing</p> <p>MEETING/CONVENTION TRUSTEE MEETINGS EXPENSE BILLINGS</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <table border="0"> <tr> <td>REGISTRATION FEE CONV -NEW ORLEANS</td> <td>\$2,500 00</td> </tr> <tr> <td>EXPENSE AT NEW ORLEANS</td> <td>25 72</td> </tr> <tr> <td>TRUSTEE MEETINGS EXPENSE</td> <td>2,000 95</td> </tr> <tr> <td>LESS REFUND FOR NEW ORLEANS</td> <td>(350 00)</td> </tr> <tr> <td>TOTAL</td> <td>\$4,176 67</td> </tr> </table> <p>12 b Amount \$4,176.67</p>	REGISTRATION FEE CONV -NEW ORLEANS	\$2,500 00	EXPENSE AT NEW ORLEANS	25 72	TRUSTEE MEETINGS EXPENSE	2,000 95	LESS REFUND FOR NEW ORLEANS	(350 00)	TOTAL	\$4,176 67
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LESS REFUND FOR NEW ORLEANS	(350 00)										
TOTAL	\$4,176 67										

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name NONE</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment NONE</p>

AUG 12/2005/FR 03 05 PM WILLIAM C. EARHART, INC.



**William C.
EARHART**
COMPANY, INC

Administrators of
Employee Benefit Plans

August 12, 2005

Jerry L Stuart
Teamster Local Union 962
4460 Rogue Valley Hwy #10
Central Point OR 97502

RE: LM-30 Reporting Oregon A G C Teamster Welfare Trust

Dear Union Trustee:

As you are aware, the Labor-Management reporting and Disclosure Act (LMRDA) requires you to file an LM-30 if you received reimbursement from the Trust in excess of \$ 25.00

Following is information about any amounts the Trust paid on your behalf, or reimbursements to you for expenses incurred

If you have any questions or need additional information please do not hesitate to call.

Sincerely,


Sue Dalbele
The William C. Earhart Co, Inc

Date	Amount	Explanation
January 2004	\$ 0	
February 2004	\$ 0	
March 2004	\$ 0	
April 2004	\$ 0	
May 2004	\$ 968.77	Trust Meetings
June 2004	\$ 441.09	Trust Meeting
July 2004	\$ 0	
August 2004	\$ 2500.00	Advance IF New Orleans
September 2004	\$ 308.28	Trust Meeting
October 2004	\$ 298.81	Trust Meeting
November 2004	\$ -350.00	Refund IF deposit New Orleans
December 2004	\$ 25.72	Expenses IF New Orleans
January 2005	\$ 0	
February 2005	\$ 0	
March 2005	\$ 327.33	Trust Meeting
April 2005	\$ 1900.00	Registration & deposit IF Honolulu
May 2005	\$ 324.23	Trust Meeting
June 2005	\$ 0	
July 2005	\$ 310.36	Trust Meeting
August 2005	\$ 0	

P.O. Box 4 48 503 282 5581
3140 NE Broadway APO #4 141-
Portland OR 9 708 FAX 503 284 95